

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

12 CIV. 0805

Timothy Boice-Durant and all
passengers on Delta # 1067
Aug. 17, 2008

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

Louisiana State Police
Thibodaux Police Dept.
Orleans Parish Sheriff Dept.
Kenner Police Dept.
Russel Braud
Kahn Swick and Foti
John Doe dialing 985-859-2155/ Dec 24/25, 2006
Shelli Braud
Brett Benoit of Charter MediaJury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

RECEIVED JAN 31 2012 PRO SE OFFICE	Name	<u>Timothy Boice-Durant</u>
	Street Address	<u>283 E. Houston #4</u>
	County, City	<u>New York</u>
	State & Zip Code	<u>New York, 10002</u>
	Telephone Number	

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Louisiana State Police
Street Address 7919 Independence

County, City Baton Rouge
 State & Zip Code Louisiana, 70806
 Telephone Number _____

Defendant No. 2 Name Thibodaux Police Dept.
 Street Address 1309 Canal Blvd.
 County, City Thibodaux
 State & Zip Code Louisiana, 70301
 Telephone Number _____

Defendant No. 3 Name Kenner Police Dept.
 Street Address 500 Veterans Blvd
 County, City Kenner
 State & Zip Code Louisiana, 70062
 Telephone Number _____

Defendant No. 4 Name New Orleans Sheriff Dept.
 Street Address 421 Loyola 403 Civil Courts Bldg.
 County, City New Orleans
 State & Zip Code Louisiana, 70112
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

Title 18 USC Sec. 245
a-f. FBI Headquarters requests
that I file suit.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur?

Transfer of un-
warranted surveillance from Louisiana plate
0BR999 to Delta 1658/1067 Aug. 17, 2008

B. What date and approximate time did the events giving rise to your claim(s) occur?

August 17, 2008

Under Title 18 of USC Sec. 245, the statute prohibits
the willful attempt to cause a traveler on a common carrier harm.

C. Facts:

What
happened
to you?

Un-warranted electronic surveillance
used in 8-8-2008 bank staging

Who did
what?

transferred to Delta flights causing
the electronic and digital systems
to malfunction on a trans- contin-
ental flight. It further transferred

Was anyone
else
involved?

to my cab from San Fran to Four
Seasons hotel where it wiretapped/
hacked into the phone/computer system.

Who else
saw what
happened?

un-warranted surveillance transfers
to all persons, computers, phones
and cellphones i'm in the vicinity
of. FAA / Pilot flight reports
indicate the malfunctions. Orleans
Parish Sheriff didnt want me to ac-
quire California medical records confirm-
ing use of my bank card that was
used to pay for citations, that never

IV. Injuries:

occurred in that Dept's. computer.

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I have been unable to work since
July 2006. Every computer I'm around
is compromised. I can't ethically
handle real estate transactions
knowing that my clientele's private
financial information is at risk.

Medical records are for presidential
viewing purposes only. Case 20115384
in NYPD Commissioners office assigned
due to national security issues.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

Under federal law, placement of
un-warranted imposed surveillance
on a person constitutes \$500.00
a day for imposition.

Plaintiffs seek \$500.00 per day,
per passenger from Aug 17, 2008
to present.

Passengers will provide transcripts
of personal cell phone bills indi-
cating 3rd party use of theirs
cells confirming transfer from
myself to all passengers on flight 1067.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 27 day of Jan, 2012.

Signature of Plaintiff

Kimberly Boice - Durant

Mailing Address

283 E. Houston #4
NY NY 10002

Telephone Number

Fax Number (if you have one)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20__, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number